

## State of Maryland Executive Department

Martin O'Malley Governor Anthony Brown Lieutenant Governor Anne Sheridan Interim Executive Director

## RESIDENTIAL CHILD CARE FACILITY EXPANSION REQUEST

COMAR Regulation(s): 14.31.02.00

Corporation:	Name of Program:	
Address(es):		
Contact Name and Title:		
Phone:	Email:	
# of years licensed as RCCF:		
Licensing Coordinator Name/Phone:		
Population Served:	Current Licensed Capacity:	
Current Census:	# of additional beds being requested:	
Address(es) of new sites:		
Description of the program expansion requested:		
Will any changes be made to program services? Yes □ No □		
Will any changes be made to program services? Yes □ No □  If yes, explain:		
ii yes, expiaiii.		
Has this program been under any sanctions/corrective actions within the last year?		
Yes  No		
If yes, explain:		

## Attach the following:

- Copy of current license
- Letter of support from Core Service Agency (TGH only)
- Any additional documentation necessary to answer above questions

Program Administrator Name/Signature		Date
	SPE Use Only	
Date Received:	Date Revie	ewed:
Approved	oved  Disapproved  Disapproved  Disapproved  Disapproved Disapprov	
Reason for disapproval:		
	<u> </u>	
Reviewer Name/Signature		Date